


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90243 045 ***150.00

DOCUMENT # P02000114656	
1. Entity Name AMERICAN PORTABLE AIR CONDITIONING, INC.	

Principal Place of Business 1793 W 37 STREET BAY 10 HIALEAH, FL 33012	Mailing Address P.O. BOX 297646 PEMBROKE PINES, FL 33029
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2. Principal Place of Business - No P.O. Box # 3812 NW 125 Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 297646 Suite, Apt. #, etc.
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City & State Opalocka, FL	City & State Pembroke Pines
Zip 33054	Country U.S.A.
City & State Opalocka, FL	City & State Pembroke Pines
Zip 33054	Country U.S.A.

6. Name and Address of Current Registered Agent CHEAS, ALBA 1793 W 37 STREET HIALEAH, FL 33012	
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7. Name and Address of New Registered Agent Name Alba Cheas Street Address (P.O. Box Number is Not Acceptable) 3812 NW 125th Street City Opalocka FL 33054	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE [Signature] DATE 01/04/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEAS, ALBA 1793 W 37 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEAS, LUIS 1793 W 37 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHEAS, ALBADORA 1793 W 37 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cheas, Alba 3812 NW 125th St. Opalocka, FL 33054 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cheas, Luis 3812 NW 125th St. Opalocka, FL 33054 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Albadora Cheas 3812 NW 125th St. Opalocka, FL 33054 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 01/04/07 Daytime Phone #: 305-827-2050
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